

**2023 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F11000000924

**Entity Name:** BATTELLE FOR KIDS CORPORATION**Current Principal Place of Business:**347 KENDALL PLACE  
COLUMBUS, OH 43205**Current Mailing Address:**PO BOX 2798  
COLUMBUS, OH 43216 US**FEI Number:** 31-1781583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** STEPHANIE DANNEMANN

11/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name AUSTIN, RUSS  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title CEO  
Name DUNAN, MIKE  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title COO  
Name HELLMAN, TODD  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title DIRECTOR  
Name HILSHEIMER, LAWRENCE  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title DIRECTOR  
Name CELEST, RICHARD  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title DIRECTOR  
Name FRAILEY, ALTON  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title DIRECTOR  
Name KENNEDY, AIMEE  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

Title DIRECTOR  
Name TIBERI, PATRICK  
Address PO BOX 2798  
City-State-Zip: COLUMBUS OH 43216

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TODD HELLMAN

VP-CFO

11/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 DIXON, MELISSA  
Address               PO BOX 2798  
City-State-Zip:      COLUMBUS OH 43216

Title                 DIRECTOR  
Name                 CARREEKER, TIFFANY  
Address               PO BOX 2798  
City-State-Zip:      COLUMBUS OH 43216